

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	)	
	)	
<b>Louise Mary Wasilewski</b>	)	Art Unit: <b>2623</b>
	)	
Application No. <b>09/801,958</b>	)	Examiner: <b>Bui, Kieu Oanh T</b>
	)	
Filing Date: <b>March 8, 2001</b>	)	Confirmation No. <b>8732</b>
	)	
For: <b>APPARATUS FOR A CONSUMER</b>	)	
<b>CONTROLLED SELECTIVE</b>	)	
<b>RECORDING DEVICE FOR</b>	)	
<b>INTERACTIVE TELEVISION</b>	)	

**RESPONSE TO OFFICE ACTION**

**Mail Stop Amendment**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer Number 05642

Sir:

Transmitted herewith is/are the following in the above-identified application:

<input checked="" type="checkbox"/>	Response to Office Action	<input type="checkbox"/>	Petition For Extension of Time
<input type="checkbox"/>	Fee as calculated below	<input type="checkbox"/>	Supplemental Declaration
<input type="checkbox"/>	No Additional Fee Required	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Corrected Drawings	<input type="checkbox"/>	Other _____

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	3	38	0	X \$50.00		\$
Independent Claims	3	3	0	X \$210.00		\$
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$370.00		\$
EXTENSION FEE	1 <sup>st</sup> Month \$120 <input type="checkbox"/>	2 <sup>nd</sup> Month \$460 <input type="checkbox"/>	3 <sup>rd</sup> Month \$1050 <input type="checkbox"/>	4 <sup>th</sup> Month \$1640 <input type="checkbox"/>	5 <sup>th</sup> Month \$2230 <input type="checkbox"/>	\$
<input type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$
TOTAL FEE DUE						\$

## Payment:

- ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.
- ☐ Payment by credit card in the amount of \$ \_\_\_\_\_ for the fees designated above is submitted via enclosed Form PTO-2038.
- ☐ Payment by credit card in the amount of \$ \_\_\_\_\_ for the fees designated above is submitted via EFS-Web.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$ \_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

/Charley F. Brown #52,658/  
Charley F. Brown  
Registration No. 52,658

Customer Number 05642